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**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 8 September 2016

**Subject:** Care Quality Commission – Quality Report Pennine Acute NHS Trust

**Report of:** Jo Purcell, Chief Operating Officer, North Manchester Clinical Commissioning Group and Professor Matt Makin, Medical Director, Pennine Acute NHS Trust

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**Summary**

The following report outlines the key issues regarding the Care Quality Commission (CQC) inspection of Pennine Acute NHS Trust (PAHT). In particular, it focusses on the outputs of the inspection of the North Manchester site which are the services residents of Manchester (in particular north Manchester residents) use.

**Recommendations**

The attached report will be presented to the Health and Well-Being Board on 31<sup>st</sup> August 2016. The Health Scrutiny Committee are invited to comment on the report and how they would like to be involved in informing the Improvement Plan with a particular focus on the North Manchester General Hospital site.

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**Wards Affected:** Blackley, Crumpsall, Charlestown, Moston, Miles Platting, Newton Heath, Cheetham and Harpurhey

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above or access at the link below.

<http://www.cqc.org.uk/provider/RW6/reports>

## 1.0 Introduction

PAHT was inspected in February and March 2016 by the CQC. All four sites were inspected as were the community services and the end of life services that Pennine provides to North Manchester and Oldham.

## 2.0 Background

2.1 PAHT consists of four hospital sites in North Manchester, Rochdale Infirmary, Bury (Fairfield) and the Royal Oldham.

2.2 The CQC fielded a wide range of inspectors including clinicians and lay members. Prior to the announced inspection they review a range of information and seek stakeholder views. They talk to staff, patients and carers and receive feedback through focus groups including a specific listening event on 17<sup>th</sup> February 2016. They base their findings on the following themes:

**Is it safe?**

**Is it effective?**

**Is it caring?**

**Is it responsive to people's needs?**

**Is it well-led?**

The link to the full set of reports can be found at-

<http://www.cqc.org.uk/provider/RW6/reports>

## 3.0 Report

3.1 The trust received a set of overall ratings for the all four hospitals and then specific ratings for each site. The overall ratings were as follows:

<b>Overall rating for this trust</b>	<b>Inadequate</b>
Are services at this trust safe?	Inadequate
Are services at this trust effective?	Requires Improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires Improvement
Are services at this trust well led	Inadequate

3.2 Manchester residents mainly use the North Manchester site in Crumpsall. The ratings for services on this site were as follows:

<b>Overall rating for this hospital</b>	<b>Inadequate</b>
Urgent and emergency services	Inadequate
Medical care (including older people's care)	Inadequate
Surgery	Requires Improvement
Critical care	Good
Maternity and gynaecology	Inadequate

Services for children and young people	Inadequate
End of life care	Good
Outpatients and diagnostic imaging	Good
Community inpatient services	Good
Community health services for adults	Good
Community health services for children and young people	Good

Please see appendix 1 for a further more detailed breakdown.

- 3.3 The following areas specifically focus on the North Manchester site but some of the findings are common across the wider Pennine footprint.
- 3.4 The summary of findings are outlined in the report as follows;
- a) Leadership and management were of concern particularly in urgent and emergency medicine, surgery, maternity and gynaecology and children and young people's services. Some senior leaders were visible to staff while others not. Service leaders in those areas were found to have tolerated high levels of risks to quality and safety without taking appropriate and timely action to address them. However, staff also recognised there had been some positive change in the last 18 months and the Chief Nurse regularly visited wards and departments.
  - b) Culture within the trust had been quite closed and raising of concerns and ideas was not supported or encouraged with the leadership who were more focussed on financial matters and operational delivery than service quality. Maternity services had particularly low morale and sub optimal care was accepted as the norm.
  - c) Governance, risk management and quality measurement was not sufficiently embedded in the trust. As a consequence, the trust did not have an understanding of its key risks at departmental, divisional, or board level. This was particularly key in urgent care, maternity and paediatrics. Reporting was inconsistent and the CQC had concerns about the rigour of data quality. Overall management of complaints was poor with significant delays in responding. There was limited oversight and review of action planning in response to complaints.
  - d) Incident reporting processes were not fully embedded and there was not a strong culture of reporting and learning from incidents in the hospital. There was an unacceptable levels incidents they were not properly investigated in a timely manner leading to backlogs and delays. There was insufficient feedback to staff on the outcome and learning from incidents. However, they recognised there was a safer culture in some areas of the hospital eg end of life, critical care and surgery.
  - e) Mortality and morbidity did not highlight any major risks at the time of inspection. The trust reviewed its processes and reported appropriately. Some services showed evidence of shared learning and improvements in practice as a result of mortality and morbidity reviews whilst with other

departments there was less evidence and insufficient engagement in the process.

- f) Safeguarding policies and procedures are in place and access to safeguarding advice is available at any time. There were high levels of achievement of level 2 training by staff but insufficient training at level 3.
- g) Nurse staffing shortages were identified in medical, midwifery and nurse staffing establishments. Staffing in these areas did not comply with national guidelines. Midwifery staffing did not meet national benchmarks. Community nursing services were suitably staffed.
- h) Medical staffing shortages were identified in medicine, maternity and gynaecology and children's and young people's services. Urgent care is particularly challenged with insufficient A&E consultants and middle grades. The department is highly reliant on junior doctors. Paediatric consultant support is also below national standards.
- i) There were unacceptable waiting times and delays in treatment as a result of staffing levels and lack of up to date training. There was evidence, however, of good systems in surgery and community services.
- j) Care and treatment was delivered by caring, committed and compassionate staff. In community end of life services, the CQC rated this as outstanding with excellent examples of staff displaying an individualised person centred and compassionate approach to patient's needs and preferences.
- k) A&E departments consistently fell below national targets for both 4 hour waits and 12 hour breeches. Patients were staying in hospital too long and sometimes placed in wards not appropriate to their needs.
- l) Cleanliness and infection control posed an issue on a number of wards including a lack of risk assessment, poor hand washing facilities and insufficient side rooms to isolate patients when necessary. However, policies were in place and good practice was also observed.
- m) PAHT achieved a good rating for its community services and its end of life care both of which are provided in North Manchester. All aspects of care were rated as good with the end of life service receiving outstanding for caring services. Many of the issues related to leadership, staffing levels and the management of risk and governance were not found in these services.
- n) The CQC has advised on 77 'must do' recommendations for each department reviewed. There are a further 144 'should do' recommendations that address the concerns raised in the visit. Whilst the recommendations cover all four sites, these present a substantial range of challenges to address.

#### 4.0 Next Steps

- a) The CQC inspection of February & March 2016 findings summarised above have been added to by the findings of a deeper and wider (in scope) diagnostic undertaken by Salford Royal Foundation Trust (SRFT) across a 100 day period from 1/4/2016. They have resulted in a combined action plan designed to stabilise the safety of services and then transform them to be safe on a sustainable basis.
- b) 4 services have been identified as areas of immediate safety concern. These services have been subject to intense work to put in place actions that reduce the risk to patient safety. Known as the “Fragile Services” of urgent care, maternity, paediatrics and critical care (Oldham) .The following is a summary of key actions taken and proposed with particular reference to NMGH:
- Trust leadership has deployed tactical plans to improve safety. The actions include:
    - Daily monitoring of key causes of risk (staffing) and taken steps to redeploy staff from less urgent areas to the fragile services
    - Supporting staff with improved visibility of clinical and managerial leadership
    - Rapid recruitment of staff
    - A focus on retaining staff
  - GM H&SC Partnership in conjunction with NHSI have established an Improvement Board that meets weekly to identify solutions that require cross GM working, to monitor progress and to identify sustainable solutions. The work is currently focussing on workforce. Workforce issues are a challenge across GM and nationally, but by working together there is some sight of some support from providers across GM. In particular, Central Manchester Foundation Trust and Royal Bolton Hospitals are engaging to support solutions.
  - A small number of paediatric beds have been temporarily closed to that staffing is safe for the care needs of the patients. PAHT with SRFT has been succesful in recruiting more staff and will be shortly opening more beds once the capabilities of new staff have been fully assesed.
  - A working group is developing a model for enhanced paediatric services that provides better and safer care for children. The work is proposing the establishment of a short stay and observation unit that more readily meets the needs of children and their parents.
  - New leadership has is now in place for maternity services. PAHT and SRFT have recruited additional midwives and sickness absence rates have fallen. This is easing the situation at NMGH, but the service remains fragile. CMFT is providing further expertise and support to maternity services through St Mary’s.

- A new leadership team is now managing the A&E site. There have been immediate improvements in reduction in both 4 hour and 12 hour breaches and the performance has improved though still not reaching national requirements. Additional consultant time has been supplied by the temporary redeployment of consultants to A&E. Additionally, NM CCG have organised GPs via the GPPO (General Practice Provider Organisation - North Manchester Federation) to provide primary care support from noon to midnight 7 days a week. It is planned that approximately 48 patients a day will be seen by this service. Currently, activity at the site from north Manchester patients is reducing due to the range of integrated community services available to the trust. PAHT are working with the GM Provider Forum to identify more capacity for medical support (consultant and middle grade) across the system. Medical staffing, however, still remains a significant challenge and a risk to safety.
  - Community services also provide a crisis response service which works with the North West Ambulance Service (NWS) to respond to amber diverts which, in 90% of cases, supports patients to remain at home rather than be admitted to hospital or spend time waiting in A&E.
- c) In response to the CQC, the following has been achieved or is planned:
- d) Safety
- New ward accreditation and assessment system aligned to the SRFT model is being implemented. This assures safe staffing and systems.
  - A large scale quality improvement collaborative to be implemented 2106-17 to focus on recognising and responding to the deteriorating patient, patients with sepsis, and infection prevention and control .
- e) Risk and Governance
- A new risk and governance system has been implemented across the Trust.
- f) Operations and Performance:
- A focus on developing site based operational leadership to replace the current management arrangements is being developed. We expect greater engagement with staff, patients and the locality.
  - Manchester City Council social care team provide a trusted assessor role to all patients on the North Manchester site and support quick and effective discharge. The teams are integrated with health staff and recorded delayed discharges on the site are in single figures consistently. However, there are opportunities to manage patients more quickly through the hospital system which are being explored.
  - There is a review of data quality and pathway management underway.

- g) Workforce
- Additional clinical leaders have been recruited in nursing. The 3 new staff are all current Directors of Nursing and will provide strong leadership and support to staff.
  - Additional resources have been confirmed for PAHT which have been identified by the four north east sector CCGs, NHS England and NHS Improvement to address the immediate safety issues. In particular there has been active recruitment to areas of particular risk.
- h) Leadership
- Mr Jim Potter has been appointed as Chair, supported by Sir David Dalton as CEO. SRFT is committed to a long term relationship with PAHT to ensure safe and sustainable services.
  - Sir David has seconded a number of senior and expert staff to support the safety programme. Sir David Dalton and Professor Matt Makin have provided a briefing for local councillors following publication on 17th August and a further briefing is planned for early September.

## **5.0 Recommendations**

- 5.1 The attached report will be presented to the Health and Well-Being Board on 31st August 2016. The Health Scrutiny Committee are invited to comment on the report and how they would like to be involved in informing the Improvement Plan with a particular focus on the North Manchester General Hospital site.

Overview of Ratings – North Manchester General Hospital

	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent/emergency services	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Services for children and young people	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Community end of life	Good	Good	Outstanding	Good	Good	Good
Community children, young people and families	Good	Good	Good	Good	Good	Good
Community adults	Good	Good	Good	Good	Good	Good
Community inpatients	Good	Good	Good	Good	Good	Good



# Strategic Partnership Board

## **Pennine Acute Trust Stabilisation & Improvement Plan**

Sir David Dalton CEO

# CQC Ratings – “holding up the mirror”

Service	Overall rating for each Hospital site			
	NMG	ROH	FGH	Rochdale
Urgent & emergency	Inadequate	RI	RI	RI
Medical Care	Inadequate	RI	RI	Good
Surgery	RI	RI	RI	Good
Critical Care	Good	Inadequate	RI	
Maternity & Gynaecology	Inadequate	Inadequate		
Services for Children & young people	Inadequate	Inadequate		
End of life Care	Good	RI	RI	
Outpatients & diagnostic imaging	Good	Good	Good	Good
<b>Overall</b>	<b>Inadequate</b>	<b>Inadequate</b>	<b>RI</b>	<b>Good</b>

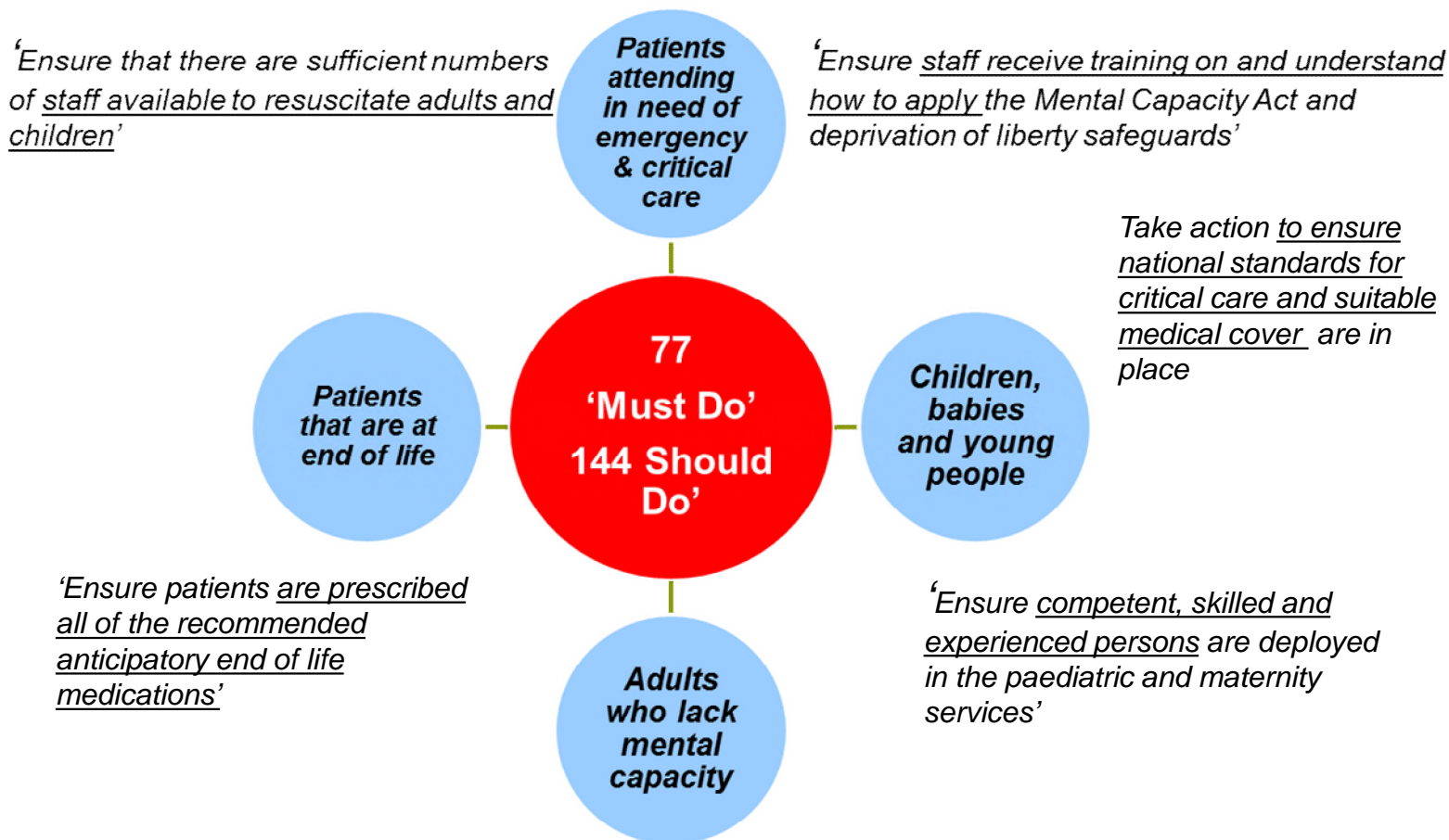
Community Services for CYP, Adults and End of Life				
Safe	Effective	Caring	Responsive	Well Led
Good	Good	Good/Outstanding	Good	Good

## ***Salford Royal Diagnostic – Deep and Wide***

- Identified additional critical risks to patient care & safety
  - *Unsafe/unreliable staffing*
  - *Variation in care delivery and outcomes for patients*
  - *Unreliable systems and processes for tracking and follow up of care pathways*
  - *Governance systems that are broken or do not exist*
  - *Board that is disconnected*
  - *Poor leadership*
  - *Cultures that normalised sub standard care*
  - *Staff that are disengaged and poor external relationships*
  - *Unreliable service design and structures*
  - *But some examples of best practice as well*

# Mapping of 'Must and Should dos'

## Our most vulnerable and at risk patients



## Summary action plan – 6 themes

Themes	Improvement Projects
<b>Fragile Services</b>	<ul style="list-style-type: none"> <li>✓ Urgent Care</li> <li>✓ Maternity</li> <li>✓ Paediatrics</li> <li>✓ Critical care</li> </ul>
<b>Quality &amp; Safety</b>	<ul style="list-style-type: none"> <li>✓ A consistent set of high standards for every ward</li> <li>✓ Large scale quality improvement collaborative focussing on the critically unwell and the prevention and control of infection</li> <li>✓ End of life and bereavement care</li> <li>✓ Safe medicines management</li> </ul>
<b>Risk and Governance</b>	<ul style="list-style-type: none"> <li>✓ Implement new risk and governance arrangements across the Trust</li> <li>✓ Ensuring all safeguarding systems to protect patients are consistently in place</li> </ul>
<b>Operations and Performance</b>	<ul style="list-style-type: none"> <li>✓ Data quality and patient pathway management</li> <li>✓ Improve patient flow systems</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>✓ Safe staffing</li> <li>✓ New recruitment model</li> <li>✓ Developing our staff and improving engagement</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>✓ Consistent leadership and executive team</li> <li>✓ Strengthen local site leadership (Oldham, Bury, Rochdale, Manchester)</li> <li>✓ Clinical leadership development</li> </ul>

# ***Improvement Board – making it happen***



The Board will provide oversight, ensure effective governance for decisions to support improvement and monitor implementation of delivery plans, including:

- Short term stabilisation actions to assure safe and reliable services for identified fragile services (this is the first priority for action);
- Improvement and sustainability plan for services;
- Internal governance and operational system improvement

The Board will report to the GM Strategic Partnership Board and to NHS Improvement.

The Board will operate through lines of accountability of NHS commissioners who will determine the action required for any service changes. Commissioning decisions will be determined following advice from PAT and relevant other Providers.

- ✓ **Leadership - CEO GM HSC Partnership**
- ✓ **Created pace and focus**
- ✓ **Commitment of commissioners**
- ✓ **Support of GM Providers**
- ✓ **Collective focus and agreement**
- ✓ **Additional £9m investment in services and staffing agreed**

# ***NMGH Urgent Care Stabilisation***

***Problem: Unsafe staffing, risks to patient safety, poor leadership***

## **ACTION**

- **ED will remain open 24hours, 7 days a week, by mobilising:**
  - Significant primary & community care mobilisation
  - Reliable, timely response of in-patient teams to ED
  - Supplement NMGH staffing with ED Consultants from all Pennine sites
  - Consultant support from across GM (response led by SRFT and CMFT)
  - Active recruitment strategy instituted via SRFT and CMFT
  - High acuity patients transfer to high acuity centres using NWS pathfinder

# ***Maternity Stabilisation***

***Problem: lack of midwives and obstetricians, failure to provide 1:1 care, poor risk and governance arrangements, no learning from incidents, poor leadership***

## **ACTION**

- New leadership team in place
- Support package from CMFT agreed with NMGH – Leadership/Clinical Skills/Governance
- Focus from leadership team on development of ROH team - developing twinned governance arrangements with RBFT
- Successful recruitment of Midwifery Staff (on trajectory to close 43WTE gap)
- Staff engagement improved (sickness absence rate improved >12% to 4.2%)



# ***Paediatric Stabilisation***

***Problem: inadequate numbers of paediatric nurses, failure to have systems in place to manage deteriorating child, RCPCH standards not met reliably***

## **ACTION**

- New urgent care model developed and revised protocols for acutely unwell child attending ED at Fairfield, Bury
- Nurse recruitment programmes to reopen closed beds at NMGH & ROH
- New Leadership/Governance arrangements
- Expert review undertaken and new improved model of care for children developed
- Greater reliability and sustainability for APLS/IPLS training

## ***ROH Critical Care Stabilisation***

***Problem: clinical standards not met; configuration of clinical staff did not meet the requirements of a modern service***

### **ACTION**

- Additional doctors recruited to provide medical rota for HDU at Royal Oldham
- Audit has ensured the interim HDU medical rota continues to be reliable
- Recruitment has commenced to establish a 24/7 Consultant and Speciality Doctor HDU rota
- Review of Pennine critical care services to sustain reliable critical care at all sites + need to consolidate L3 critical care at Royal Oldham Hospital consistent with Healthier Together agreement.

## *Improving at scale and pace*

- **‘Lift and Shift’ Salford Royal systems:**
  - Risk management and assurance
  - Nursing Assessment & Accreditation System
  - Open and Transparent Reporting
  - Visible Leadership
  - Quality Improvement Methodology

**nb – Salford Royal rated “outstanding”**

# Saving 1000 lives over 3 years



First  
12  
months

- *QI collaborative – deteriorating patient and sepsis*
- *90 day improvement cycles – Cdif, falls, UTI, Pressure ulcers*
- *Implement patient support*
- *NASS system for wards*

Safest care

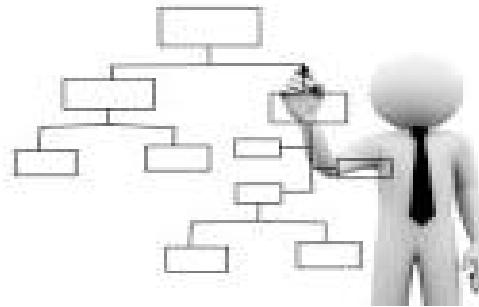
- *Mortality systems review – top 20%*
- *Effective M&M meetings with learning from avoidable factors*

Effective

- *End of life care and bereavement model*
- *Embed 'what matters most to me'*
- *Transparent reporting*

Best experience

# ***Leadership capacity, capability to improve performance***



- Breaking up centralised management
- Creating new site, placed-based leadership – appointing  
*- nurse directors, medical directors and managing directors*
- Clear accountability framework to deliver on improvement plans and strengthen locality relationships and planning

# ***Improved Staffing and Recruitment - we have already been successful !***

## **Headlines April – June**

- 104 new registered nurses and midwives recruited
- 14 doctors (consultants and middle grades)
- 69 Health care support workers

## **Looking Ahead**

- A further 90 newly qualified registered nurses start 2<sup>nd</sup> October
- 34 midwives starting in October
- 70 healthcare support workers
- 6 consultant paediatricians
- Intensivist interviews early Sept
- Middle grades in A&E, paediatrics, neonates and T&O
- New linked recruitment with SRFT and CMFT

# ***Pennine has good services***

## ***Building on service exemplars***

### **North Manchester Integrated Care**

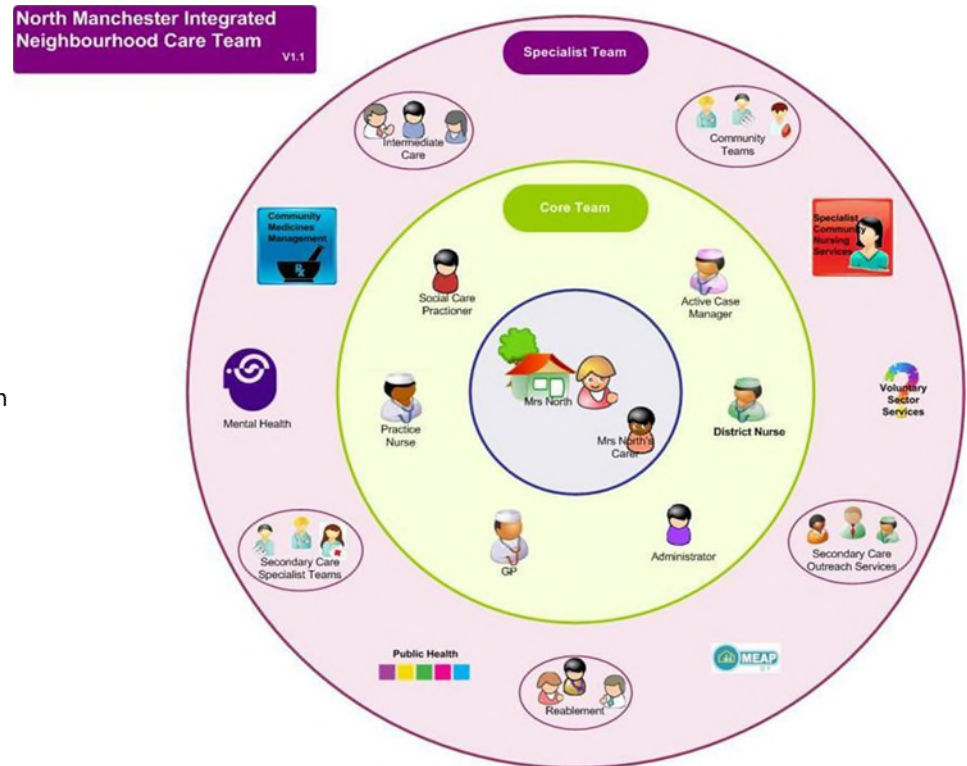
The NMINC model was launched in 2014 and the principles have been adopted within the Manchester One Team approach.

#### **Core Principles**

1. Risk Stratification Tool.
2. Enabling patients to self-Care.
3. Integrating Health and Social Care teams operating an MDT approach

#### **Key Outcomes**

- Over 18 months the patient cohort showed a reduction of 25% in non elective care usage with a net saving over 18 month of £1.25 million.
- Beginning of Cultural shift toward self –care
- Improved multi-agency work



# ***Pennine Has Good Services: Building on service exemplars***



## **HMR Integrated provider partnership**

- Based on principles of outcomes-based commissioning by CCG and LA of lead provider collaborative led by Pennine Acute
- Changing mindset and culture to deliver integrated services through alliance of providers
- Includes third sector provider(s) as part of the partnership
- Strategic relationship with Rochdale Housing Initiative as partner on key areas of hospital discharge, admission avoidance and homelessness + utilising vacant Independent Living Homes



# ***Pennine Has Good Services: Building on service exemplars***



A bespoke five-bed facility the result of partnership working between the public, clinicians and management from HMR, PAHT and Rochdale Council.

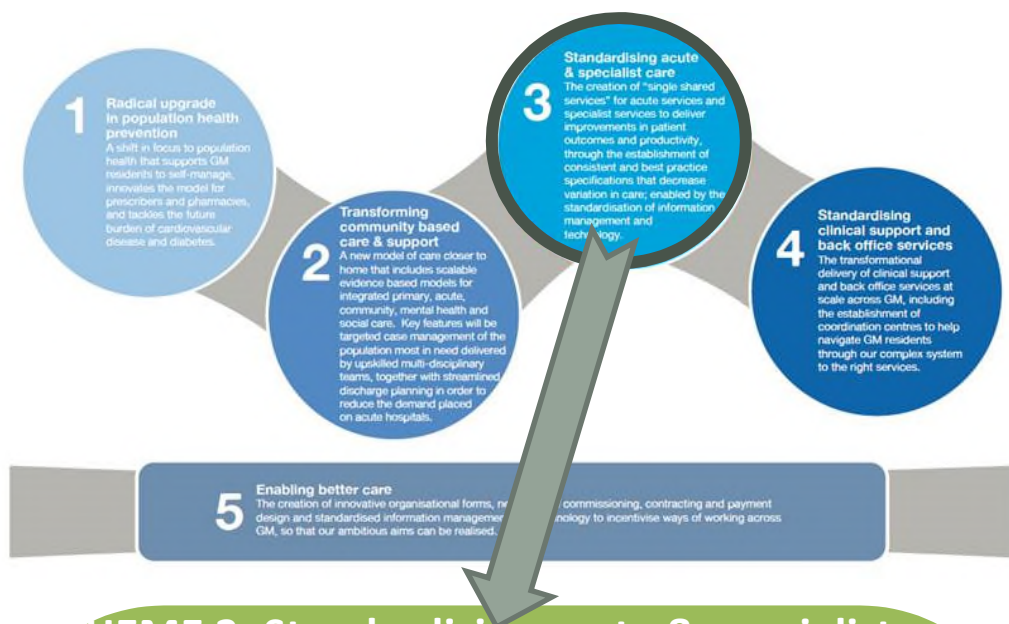


- Nationally and locally recognised as an exemplar service
- Enables holistic assessment and care planning for those who have an acute medical condition who are also living with dementia
- Specifically designed environment
- Active use of reminiscence therapy and RemPods
- Enhanced nurse to patient ratio 1:5
- Integrated health and social care team (nurses, RMNs, support workers, therapists)
- Voluntary 3<sup>rd</sup> sector in reach

#### Key Outcomes

- Average LOS 7.5 days against National average of 13.25 days
- Reduction in falls
- Outstanding patient/carer experience and outcomes
- Well regarded by patients and commissioners with planned expansion leading to double current beds

## Theme 3: Healthier Together – Alignment with H&SC Partnership



**Healthier Together is part of Theme 3: Single shared services** – the Healthier Together decision creates high acuity centres and 4 shared single services for general surgery across GM

**Consistent best practice specification** – the Healthier Together model and standards have been developed by GM clinicians to provide consistent care to a best practice standard

**Improvement in patient outcomes** – analysis suggests that implementing these standards could save hundreds of lives per year

**Improvement in productivity** – Healthier Together offers the opportunity to implement ambulatory care at scale

**THEME 3: Standardising acute & specialist care**  
The creation of "single shared services" for acute services and specialist services to deliver improvements in patient outcomes and productivity, through the establishment of consistent and best practice specifications that decrease variation in care; enabled by the standardisation of information management and technology.

## Royal Oldham Hospital – HT hub:

- All high risk emergency general surgery from the sector
- Minimum of 16 hours of consultant cover in A&E to receive emergency patients
- Consultant general surgeon with dedicated emergency lists 24/7
- High risk elective surgery from the sector
- Sufficient critical care, theatres & surgical beds to serve this high risk activity
- **requires capital investment & reconfiguration to receive high acuity and high risk elective patients for 2017/18**

## North Manchester General Hospital:

- Vibrant general hospital
- 24/7 emergency care; maternity, children's & medical in patient services; out patients; diagnostics; day surgery and low risk surgery;
- 36hour+ and high risk surgery relocated;
- **GM Exemplar Site for frailty & old age care, connected to local community and integrated care services + possible associated academic & research centre**
- **Estate investment essential**

## Fairfield General Hospital and Rochdale Infirmary:

- Vibrant hospitals eg, 24/7 urgent care, outpatients, diagnostics, day surgery
- Consolidated elective surgical services.

All services aligned with emergent, integrated local care organisations - where primary, community, social, mental and acute secondary care have single/shared governance. NMGH services will form part of the '3 pillars' of City of Manchester arrangements

## ***North East Sector Transformation Plan***

- Leadership Group established with an independent chair (Mike Farrar)
- Group includes LAs, CCGs and all providers
- ‘Motor Group’ undertaking work on finance and activity, acute, out of hospital care models and simplifying governance
- New Provider Governance Arrangements – for hospitals & LCOs
- Systems leadership workshop planned mid Sept
- Independent report on target for end of Sept 2016

# ***Commissioning Landscape***

- Agreement to develop a NES single commissioning framework/function, to shape and execute service transformation
- Priority task is to specify & agree clinical strategy and commission for acute care
- Work to agree standards and commissioning of out of hospital services (including primary care and public health)
- Commitment to utilise consistent, standardised pathways for services across the NE sector, to reduce variability in service provision
- NES Transformation Fund proposal targeted for end of Sept 2016

# Salford Royal & Partners – Developing a Group to deliver the requirements of The Transformation Themes of Standardisation at Scale and Enabling Better Care

## Key Themes

## What

## How

## Transformation Results



*Reduce variation*

Reduce variation in clinical processes

Deploy standard clinical pathways

Standardise approach to non-clinical processes

Standardise operational process



*Consolidate clinical and non-clinical activity*

Consolidate clinical services for resilience & quality

Support local ICO development

Consolidate clinical support services for quality and cost

Deploy single shared service model for acute care

Centralise non-clinical activity for reliability and cost

Centralise clinical support services



*Leadership and expertise to drive improvement*

Effective leadership co-developing culture with staff

Site-based Operational Management

Quality & productivity improvement

Staff engagement & culture change programme

New workforce & recruitment models

Technology, data and operational effectiveness

Standardised technology deployment at scale




**Patient Benefits**  
*Improved Safety, Reliability and Experience of Care*

**Staff Benefits**  
*Able to deliver good standards, engaged, better career progression*

**System Benefits**  
*Standardised reliable care at lower unit and system level costs*

 Delivering system wide benefits through integrated pathways

 Strong and effective relationships across the system

# Conclusion

**CQC rated Trust as ‘inadequate’ and SRFT review identified serious concerns**

**GM response (agreed with NHS England and NHS Improvement):**

- **Salford Royal Leadership**
- **GM H&SC Leading Improvement Board**
- **GM-wide engagement**

**Fragile Services – agreed stabilisation plan assuring safe services**

**Year 1 investment plan agreed (£9m)**

**Improvement Plan for year 2+ developed for action**

**Commissioning Reform planned for NE Sector with coherent locality plans**

**Developing Clinical Service Strategy**

- **consistent with Healthier Together and GM Transformation Themes**
- **aligned with integrated care services**
- **supported by proposed new provider group arrangement**